

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

**HOSPITAL INTERNISTS OF AUSTIN,  
P.A. AND HOSPITAL INTERNISTS  
OF TEXAS,** §  
§  
§

**Plaintiffs,** §  
§  
§

v. §

**CIVIL ACTION NO. 1:18-CV-00466-RP**

**JURY DEMANDED**

**QUANTUM PLUS, LLC D/B/A  
TEAM HEALTH HOSPITAL MEDICINE  
WEST, TEAM HEALTH, LLC, AND  
AMERITEAM SERVICES, LLC** §  
§  
§  
§  
§  
§

**Defendants.** §  
§

**AGREED ORDER ON PLAINTIFFS' MOTION TO COMPEL DEFENDANTS'  
RESPONSES TO PLAINTIFFS' FIRST SET OF REQUESTS FOR PRODUCTION**

After considering Plaintiffs Hospital Internists of Austin, P.A. and Hospital Internists of Texas' Motion to Compel Defendants' Responses to Plaintiffs' First Set of Requests for Production (Dkt. #53), Opposed Motion for Entry of Protective Order of Quantum Plus, LLC d/b/a TeamHealth Hospital Medicine West, Team Health, LLC, and AmeriTeam Services, LLC (Dkt. #50) (jointly, the motions), the parties' respective response and replies, the oral arguments of counsel, and the parties' agreement to this Order, the Court enters the following **AGREED ORDER**, requiring a response by March 25, 2019:

**REQUESTS FOR PRODUCTION**

(all limited to the time period February 1, 2015–June 8, 2018)

11. Your balance sheets, income statements, and cash flow statements for any account in which payments or collections for services rendered by Plaintiffs' health care providers were deposited, for each year from 2015 to 2018.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

12. A report evidencing Your aggregate annual revenue derived from the Services Agreement.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X

13. Documents evidencing Your total collections for professional services rendered by Plaintiffs' health care providers for each St. David's facility (St. David's North Austin Medical Center, St. David's South Austin Hospital, St. David's Georgetown Hospital, St. David's Medical Center, St. David's Surgical Hospital, and the Heart Hospital of Austin).

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

14. Documents (including communications) relating to Your or Your Billing Agent's establishment of fees to be charged to any Person for professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

15. Documents showing the billing codes and charges submitted by You or Your Billing Agent to any Person for payment of professional services rendered by Plaintiffs' health care providers.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X

Modified as noted above and as further described on the attached Excel report template (with the definitions of each column to be provided). Completion of the attached Excel report attached as Exhibit A will be considered compliance with this Request.

16. Documents (including communications) relating to charges submitted by Your Billing Agent to any Person for payment of professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

17. Documents relating to or containing the billing codes submitted by You to any Person for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

18. Documents relating to or containing the billing codes submitted to You by Plaintiffs' health care providers for professional services rendered from December 1, 2014 to present.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

19. Documents showing your collections for professional services rendered by Plaintiffs' health care providers.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X  
Modified as noted above and further as described on the attached Excel report template (with the definitions of each column to be provided). Completion of the attached Excel report attached as Exhibit A will be considered compliance with this Request.

20. Documents relating to payments, compensation or reimbursements collected by Your Billing Agent from any Person for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

21. Documents (including communications) relating to denial of payment for charges submitted by You or Your Billing Agent for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

22. Documents (including communications), including but not limited to batch reports, evidencing the date of each payment or collection received by You from any Person related to professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

23. Your billing guidelines, protocols, or procedures for the billing of professional services rendered by Plaintiffs, including the policies and procedures identified in Section 2.5 of the Services Agreement.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X

24. Documents (including communications) relating to or evidencing Your Billing Agent's billing guidelines, protocols, or procedures for the billing of professional services rendered by Plaintiffs' providers.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

25. Documentation of any dollars paid by or reimbursements received from St. David's for professional services rendered by Plaintiffs' providers, and any contracts or addendums with St. David's providing for such payment or reimbursement.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X

26. A sample recent bank statement during the term of the Services Agreement identifying the account holder and the account(s) from which payments to Plaintiffs for Plaintiffs' health care providers services were made.

Withdrawn \_\_\_\_\_ Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified X

27. From December 2014 to the present, monthly bank statements for the accounts into which payments received for Plaintiffs' services were deposited.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

28. From December 2014 to the present, monthly bank statements for the accounts from which payments from Defendant(s) to HIA were made.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

29. Documents relating to or evidencing Your control over the billing and collection accounts for professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted \_\_\_\_\_ Denied \_\_\_\_\_ Modified \_\_\_\_\_

### INTERROGATORY

1. Describe the flow of coding, billing, collections, and distributions related to Plaintiffs' health care providers' services rendered per the Services Agreement, meaning which entity identified the codes to be billed, which entity submitted the claims, which entity received payments on the claims, and which entity made distributions of those payments and to whom were such distributions made.

It is accordingly **ORDERED** that Plaintiffs Hospital Internists of Austin, P.A. and Hospital Internists of Texas' Motion to Compel Defendants' Responses to Plaintiffs' First Set of Requests for Production (Dkt. #53) is **GRANTED IN PART in accordance with the above**. It is further ORDERED that the Opposed Motion for Entry of Protective Order of Quantum Plus, LLC d/b/a TeamHealth Hospital Medicine West, Team Health, LLC, and AmeriTeam Services, LLC (Dkt. #50) is **DENIED**.

SIGNED March 5, 2019.

  
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MARK LANE  
UNITED STATES MAGISTRATE JUDGE

Respectfully submitted,

By: /s/ Lorinda Holloway  
Lorinda Holloway  
State Bar No. 00798264  
[Lorinda.Holloway@huschblackwell.com](mailto:Lorinda.Holloway@huschblackwell.com)  
Kevin Koronka  
State Bar No. 24047422  
[Kevin.Koronka@HuschBlackwell.com](mailto:Kevin.Koronka@HuschBlackwell.com)  
Danielle Gilbert  
State Bar No. 24092421  
[Danielle.Gilbert@HuschBlackwell.com](mailto:Danielle.Gilbert@HuschBlackwell.com)

HUSCH BLACKWELL, LLP  
One Congress Plaza  
111 Congress Avenue, Suite 1400  
Austin, Texas 78701-4093  
Telephone: (512) 472-5456  
Telecopier: (512) 479-1101

**ATTORNEYS FOR PLAINTIFFS**

By: /s/ John C. Dunne  
John C. Dunne  
State Bar No. 00787405  
[jdunne@smfadlaw.com](mailto:jdunne@smfadlaw.com)  
George A. Shannon  
State Bar No. 18106000  
[gshannon@smfadlaw.com](mailto:gshannon@smfadlaw.com)

SHANNON, MARTIN, FINKELSTEIN, ALVARADO & DUNNE  
A Professional Corporation  
1001 McKinney Street, Suite 1100  
Houston, TX 77002  
(713) 646-5500 (Phone)  
(713) 752-0337 (Fax)

**ATTORNEYS FOR DEFENDANTS**

Patient Name	GE MRN#	Billing Area	GE Inv#	DOS	Billing Provider Name	Assisting Provider Name	Original FSC	CPT Code	RVU	Line Item Payment FSC	Allowed	Paid	Payment Date	Total Payments	Allowable amount for visit	Payment received from insurer	Payment received from patient
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# Exhibit A